

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-178)

SERIAL NO. 10/501305
FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		2				
21		2				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		2				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		2				
41		1				
42		1				
43		2				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						